

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213537386			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PIONEERS</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEPHEN H KING GAMMON & GRANGE PC 8280 GREENSBORO DR 7TH FL MCLEAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 02083376</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 10123 WILLIAM CAREY DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: ORLANDO, FL 32832-6931</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVE RICHARDSON TITLE: PRESIDENT ADDRESS: 10123 WILLIAM CAREY DRIVE CITY/ST/ZIP/CO: ORLANDO, FL 32832-6931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVE RICHARDSON TITLE: PRESIDENT ADDRESS: 10123 WILLIAM CAREY DRIVE CITY/ST/ZIP/CO: ORLANDO, FL 32832-6931	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HOWARD COSTLEY TITLE: CHAIR ADDRESS: 10123 WILLIAM CAREY DRIVE CITY/ST/ZIP/CO: ORLANDO, FL 32832-6931	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	REV. R STEPHEN KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	PASTOR ROBERT OEHRIG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	ROLAND BINKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	GARY CORWIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	JACK HOEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	ROBIN LOWERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	PASTOR JUAN SAA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	DURWOOD SNEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	PASTOR GARY STARBUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
NAME:	BECKY WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10123 WILLIAM CAREY DRIVE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32832-6931		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHNNY C FOWLER	JOHNNY C FOWLER, VP-FINANCE	8/12/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			